

Trans People's Experiences of Reproductive Health and Fertility Services in Scotland



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Introduction

Between December 2018 and March 2019, the Equality Network conducted a survey focusing on the experiences of reproductive health and fertility services of the LGBT+ population in Scotland. The survey had over 700 responses.

We found that experiences were very different for cis and trans respondents. So we have written two reports: one looking at cis LB+ women's experiences, and one looking at trans people's experiences.

This report looks at the qualitative experiences of the 146 trans people in Scotland who responded to our survey. The report looks at trans people's experiences of: contraception use, cancer screenings, pregnancy and services for people who are pregnant, fertility treatment, fertility and the law, surrogacy, breast/chest-feeding and abortion services.

A note on language

In this report we use the term 'trans' as an inclusive umbrella term for anyone whose gender identity does not fully correspond with the sex assigned to them at birth. We use the term 'non-binary' to refer to all respondents who told us they would describe their gender identity 'in another way' to male or female — although individuals may use a variety of terms for themselves.

Throughout the report, we use the term 'trans' to refer collectively to trans men, trans women, and non-binary people. Where we are only talking about the experiences of one of these groups of trans people, we make this explicit.

Sometimes, it is important to be able to discuss the differences in experiences of trans people and people who are not trans. In this report we use the term 'cis' to refer to people whose gender identity fully corresponds with the sex assigned to them at birth.

As well as data from the Equality Network survey, this report also includes data from a collaborative community-based consultation project conducted by Waverley Care Scotland and Scottish Trans Alliance from 2019 to 2020, looking at trans people's experiences of sexual health services.

Throughout and where possible, discussion of trans people's experiences is accompanied by recommendations for service providers on how to make their practice more trans inclusive, to help ensure trans people's experiences of using these services improve.

Demographics

Below is demographic information about our respondents. Percentages have been rounded, so may total more than 100%.

Gender identity

All respondents answered this question. Respondents described their gender identity as:

Man	36%
Woman	28%
In another way	35%

Throughout the report, we will refer to all of those describing their gender identity 'in another way' using the umbrella term 'non-binary people', although respondents used a range of terms to describe their gender identities.

Sexual orientation

All respondents answered this question, and could select more than one term to describe their sexual orientation. Respondents described their sexual orientation as:

Asexual	11%
Bisexual	25%
Gay	12%
Heterosexual/straight	16%
Lesbian	7%
Pansexual	28%
Queer	33%
Prefer not to say	3%
In another way	5%

People with a variation of sex characteristics/intersex people

All respondents answered the question “Do you consider yourself to be a person with a variation of sex characteristics (VSC) or an intersex person?” Responses were:

No	84%
Unsure	12%
Yes	6%

Age

109 respondents answered this question. Respondents were aged:

18-24	39%
25-34	34%
35-44	14%
45-54	8%
55-64	6%

Ethnicity

107 respondents answered this question. Respondents described their ethnicity as:

Caribbean, Caribbean Scottish or Caribbean British	1%
Any other Asian, Asian Scottish, or Asian British ethnic group	1%
White Scottish	66%
White British/English/Northern Irish/Welsh	17%
Any other White Ethnic Group	10%
Any other ethnic group	2%
Mixed or multiple ethnic groups	3%

Disability

107 respondents answered the question “Do you consider yourself to be disabled, or to have a long term health problem?” Responses were:

Yes	52%
No	38%
Unsure	8%
Prefer not to say	2%

Religion or belief

107 respondents answered this question. They described their religion or belief as:

No religion	39%
Atheist	17%
Buddhist	6%
Christian	9%
Hindu	1%
Humanist	2%
Jewish	1%
Prefer not to say	12%
Any other religion or belief	13%

Key Findings

Contraception use

A significant number of trans people used contraception for reasons other than preventing pregnancy, such as for managing menstruation or managing a health condition.

Despite contraception generally being marketed for pregnancy prevention, it is also prescribed to treat various health conditions such as painful periods and acne. Although the majority of trans respondents who used contraception did so to avoid pregnancy, there were significant proportions of respondents who used contraception for other reasons, such as managing menstruation or managing a health condition.

The majority of trans respondents did not currently use contraception. Trans men were the least likely to use contraception, followed by trans women, with non-binary people being the most likely to use contraception. Responses to the survey, and our work with and discussions within the community during our sexual health research with Waverley Care, indicate that there could be several reasons for this. Some trans people feel contraception is not required due to actual or perceived infertility. Sometimes the use of testosterone can impact fertility, and therefore some people feel contraception is unnecessary. Some people are in sexual relationships where unwanted pregnancy is not a concern. For some, using contraception can heighten feelings of gender dysphoria.

Managing menstruation was a significant concern for respondents. The majority of respondents who left additional comments when asked why they use contraception talked about this:

I use an IUD¹ to support amenorrhea. On testosterone, I experienced regular breakthrough bleeding. With a progesterone IUD, my breakthrough bleeding is minimal.

I have PCOS² and use the pill to manage my periods, hirsutism and acne.

The IUS³ stops my periods. Having periods make me feel dysphoric (as a non-binary person).

I have extremely severe PMS and tokophobia.⁴

Almost half of respondents felt that their sexual orientation or gender identity had affected their experiences of using or accessing contraception.

Trans men were the most likely to say their gender identity affected their experiences of using or accessing contraception. Some non-binary respondents felt their gender identity affected this. Both trans men and non-binary people felt that their gender identity affected their experiences of using or accessing contraception at significantly higher rates than trans women.

¹ Intrauterine Device

² Polycystic Ovary Syndrome

³ Intrauterine System

⁴ Tokophobia is a significant fear of childbirth.

Many respondents' comments related to the gendered nature of contraception and alluded to this being a factor in their experience of accessing contraception.

As a trans man (in a relationship with a man) I don't like using hormonal contraception, so we use natural family planning.

I used to have an IUD but apparently with testosterone it's a health risk because the uterus shrinks. Also can't, won't, be on the pill [due to feminising hormones].

[I'm] uncomfortable using traditionally gendered contraception options such as the pill: IUD has been a way of avoiding this.

I feel like the side effects caused by using the contraceptive pill may have had a negative effect on my feelings of gender dysphoria and other mental health issues, but I did not consult my GP about this for fear they would not understand or believe me.

When I was younger and identified as a lesbian, primarily dating AFAB⁵ trans people and cis women, I did not consider contraception important. Now as a trans person dating people of all genders and bodies, and in a partnership with an AMAB⁶ trans person, contraception is more important to me. I also have access to gay men's health services, such as free STI testing and HIV prevention, which are unfortunately harder to access as a queer or lesbian cis woman, because they are considered low-risk.

I was denied basic contraception (the pill) by GPs because I identified trans, and wanted to stop menstruation, this is from the age of 16. They believed I would abuse the pill, because I was trans. I only got the injection at the gender clinic and sexual health clinic in Edinburgh at age 19 when I told them about being denied contraception.

As a trans masculine gay person, services are often unsure what contraceptives to offer me, or make assumptions about what kind of sex I will have. This is alienating and discourages me from engaging with services.

My perceived gender identity has affected this. I have asked (repeatedly) to talk about permanent sterilisation options, after considering it personally for 2 years before going to the GP and my GP told me that HE wouldn't discuss it with me because I am, in his words, "a young woman" and I might "change my mind later" — I brought it up for the 3 years he was my GP until moving last year.

⁵ Assigned Female at Birth

⁶ Assigned Male at Birth

Over a quarter of trans respondents reported dissatisfaction with their experience of contraceptive services. Though there was no qualitative data given in relation to positive experiences or satisfaction with these services, there were many reasons given for dissatisfaction:

Constant misgendering and reassignment to gender assigned at birth, lack of knowledge on trans specific problems.

Long wait times. Little to no knowledge of trans health issues. Having to explain everything to new doctors all the time. Having to prove I'm 'trans enough' or in enough pain to get help.

I have received the services I need, but not always easily and often I have needed to persist in my requests for services and care before I have received it.

The clinic isn't very set up to deal with transgender patients as their forms are coded male/female and filling out a male form wont actually provide for the services I need, but I receive the male form as I present male. Actual nurses were friendly/respectful though.

Experiences of pregnancy and pregnancy services

Trans people experience a full range of family planning outcomes including, for those that can conceive, both intended and unintended pregnancy. Legal, societal and medical advances have enabled increasing numbers of trans people to build their families in ways they choose, including assisted and non-assisted reproduction.

Amongst our respondents, only a small number had had a pregnancy. The below discussion should be understood as reflecting the experiences of this small group. For more information about trans people's experiences of pregnancy and giving birth, people may want to explore the Trans Pregnancy Project.⁷

Of respondents who had been pregnant, the large majority had had an unplanned pregnancy.

All trans men who had been pregnant said their sexual orientation or gender identity had affected their experience of pregnancy. Almost all of the non-binary respondents also felt this way. This is perhaps unsurprising given the very gendered social understanding of pregnancy, which is often inextricably linked with womanhood. For trans people who are pregnant, this may make navigating the experience of pregnancy particularly complex.

⁷ The Trans Pregnancy Project <https://transpregnancy.leeds.ac.uk/>

As a trans man (who didn't think I could get pregnant!), it was really distressing. I had an accident and my doctor lowered my T⁸ dosage afterwards, which resulted in getting pregnant.

I miscarried at 16 years old. My dysphoria made me too afraid to seek medical help.

Respondents who had been pregnant were also asked about their experience of pregnancy services. Responses were mixed, and given the small number of respondents it is hard to draw conclusions from the range of responses (from very dissatisfied to very satisfied).

However, some respondents did leave additional comments, which mostly focused on reasons for dissatisfaction with pregnancy related services. These included:

Being told I couldn't really be trans because I was pregnant, being told I wasn't bisexual anymore because I was pregnant.

I was constantly misgendered, no one took time to listen to my point of view and understand how I felt.

Breast/chest-feeding

Research has found that trans people face significant challenges to their efforts to breastfeed or chest-feed (a term often used by trans parents).⁹ Such challenges can include increased gender dysphoria, ‘outing’ oneself as trans during breast/chest-feeding, as well as misgendering and experiencing discrimination from healthcare professionals.¹⁰ Trans people are also at risk of hate crime while nursing in public.¹¹

Non-binary respondents were most likely to feel that their sexual orientation or gender identity had affected their experience of breast/chest-feeding.

While breastfeeding in the initial 3-4 months I felt massive bouts of depression, suicidal thoughts, and gender dysphoria. It was important to me to continue, but my wife had to sit with us most of the time. They were like waves crashing over me — they had little to do with what I was thinking or feeling before the milk let down. All of a sudden I would just be falling into a pit of black despair. I’ve never felt so awful in all my life. Somehow I managed to continue until my daughter was 18 months.

⁹ Lee, 2019. “Queering Lactation: Contributions of Queer Theory to Lactation Support for LGBTQIA2S+ Individuals and Families”. <https://journals.sagepub.com/doi/10.1177/0890334419830992>

¹⁰ Ibid.

¹¹ MacDonald et al., 2016. “Transmasculine individuals’ experiences with lactation, chestfeeding and gender identity: a qualitative study”. <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-016-0907-y>

Though satisfaction appeared high with experiences of breast/chest-feeding, respondents also told us of their dissatisfaction with their experiences:

I didn't really advertise how I was feeling to health professionals. I didn't trust that they would understand. My friend who was breastfeeding her older baby came and showed me some tips, and my wife provided emotional support. I got through. It was scary though.

Although respondent's dissatisfaction with these services was largely related to a general lack of resourcing for lactation support, consideration must be given to the specific needs and challenges trans people may experience when breast/chest-feeding, and accessing breast/chest-feeding services.

Abortion services

Amongst our respondents, only a small number had had an abortion — 11 in total. A further three had supported a partner who had had an abortion. The below discussion should be understood as reflecting the experiences of this small group.

As a trans man, I really couldn't face keeping the pregnancy. I do want children, I just couldn't cope with the added stress of being a pregnant man!

All of the trans men who had had an abortion said that their sexual orientation or gender identity did affect their experience of abortion services. Respondents told us that their experience was largely affected by the gendered, binary nature of abortion discourse.

Comments relating to abortion experience included:

I was fully living as a man and just couldn't cope with the idea of being pregnant, as much as I do want kids. I don't think my mental or physical health could have lasted the pregnancy! The abortion itself didn't hurt or anything and the staff were good, but it was very emotional.

It was one of the most difficult things I've done. Not the abortion so much which was scary (I had to have a surgical abortion as I was too far along for the pills. As I don't have periods, it took me longer than normal to realise I was pregnant). The staff did really try, but you could tell it was a bit of a novelty for them. And all the literature is geared towards women (which I understand), it just felt totally alien to me. And I had to wait in a waiting room full of women! 2 gay men in an abortion clinic! I'm sure most people just thought we were waiting for someone, but I felt under scrutiny.

My GP was horrendous. I don't think they've ever met a trans person before! Their face literally dropped when I said I was pregnant, which is not the reaction you want from your doctor! And they seemed totally perplexed by the whole thing!

As with pregnancy and breast/chest-feeding services, consideration must be given to the specific needs and challenges trans people may experience when accessing abortion services and trans inclusion should be mainstreamed throughout abortion service messaging.

Fertility treatment

Around four in ten trans respondents said they would like to have a child in the future, with around a third answering no and the rest unsure. From these responses, desire to have children at some point in the future was highest for trans men, followed by non-binary people, and then trans women. Having a child that was biologically related was least important for trans men.

Only a handful of people who were trans answered questions relating to kinds of fertility treatment they had had. This is due to the very low numbers of trans people who have accessed fertility treatment within the population represented in the survey. Intrauterine insemination and sperm donation were the most utilised fertility treatments.

Most respondents accessed fertility treatment through referral to a specialist fertility consultant, or by paying privately for treatment. They said:

I thought that undergoing IVF/being pregnant would cause me more pain/confusion than it did, but during the IVF I was so focused on the prospect of bringing a child into our lives that gender wasn't something I was thinking about. I was focused on the end, not the process. I really worried that I would have some kind of disconnect when I was pregnant, that I wouldn't love my baby enough, or bond with her enough. But in the end I didn't really have any gender dysphoric peaks while I was pregnant.

Being trans meant that I had to answer questions about my future fertility intentions and think about gamete storage where I would not have given either much thought had I not needed to answer those questions to access hormone therapy.

Just before I started hormones in 2008, I was told by NHS staff that it wasn't really an option for me to store eggs. I now regret taking their word and not allowing myself time or counselling to consider this further.

Before starting testosterone, I was offered the chance to have my eggs frozen — I deliberated over this for a while, as I have never felt a strong want for having children but I thought if the opportunity was there I should take it just in case. However, after learning the waiting time meant I would have to put off starting testosterone for at least a year, I decided against it, as I knew I would not have been able to stand another year without testosterone.

Was asked if I would like to store my eggs prior to HRT¹² but was told I wasn't covered by the NHS as a trans masculine person so would have to pay. I couldn't pay.

As a trans woman on hormone therapy I'm concerned about how I'll be treated and my options using fertility services and the impact this would have on my health.

Gamete storage

A third of the trans people that answered felt that their sexual orientation or gender identity had affected their experience of gamete storage treatment and over a third reported dissatisfaction with gamete storage services.

I felt the service was not trans inclusive. The examination etc. was very invasive and the doctor did not consider or act in a way that showed she understood how this may make me feel. My partner took in more of what the doctor was saying and after relaying it to me I realised it dismissive of my situation. I think I had such a low expectation of others to be inclusive, that I accepted the situation for what it was and didn't complain.

A significant proportion of trans respondents were either told they were unable to access gamete storage on the NHS or it was not discussed at all. This indicates a clear lack of consistency in the information available to trans people about gamete storage and a denial of their reproductive rights.

Medical professionals, particularly GIC staff, should discuss fertility options, including gamete storage, with trans patients prior to starting medical transition (hormones or surgery). Several trans respondents expressed concern about the wait time to access gamete storage and the subsequent delay to medical transition, underscoring the importance of having access to correct information about the gamete storage process at the outset of medical transition. This is similarly true for respondents who have medical conditions, such as PCOS, that may affect their future fertility. Comments also related to the cost of gamete storage and the confusion around eligibility for accessing it on the NHS. Whilst funding is not automatically available for this care on the NHS and differs between health boards, applications for 'exceptional funding' can be made. NHS Scotland should urgently make available correct and comprehensive information about fertility preservation for all potential patients.

Fertility and the law

The majority of trans respondents either were not aware or were unsure of their rights under the law in relation to accessing fertility services. This was similar to a lack of knowledge in relation to parental status for a child born as a result of fertility services.

Only a handful of trans respondents were aware of their rights. This lack of understanding was similar across trans men, trans women and non-binary people.

I suspect that lots of other individuals considering gender transition are in the same boat — since they are more concerned about their discomfort with gender dysphoria, they are not really thinking about procreation.

As a birthing father I will be listed as “mother”, despite having a Gender Recognition Certificate (GRC).

Surrogacy services

None of our trans respondents had in the past used a surrogate. Respondents were fairly equally split between those who would consider using a surrogate, those who never would, and those who were unsure.

There was a significant lack of knowledge for all trans respondents about their rights under the law in relation to surrogacy.

Other reproductive health services

All aspects of reproductive health were important for trans respondents, underscoring the importance of meaningful trans inclusion in reproductive health and fertility services.

Concerns for respondents included reproductive health conditions such as endometriosis and PCOS, heavy periods, menopause, the negative mental health impacts of hormonal contraception, erectile dysfunction, infertility, and the impact of hormone treatment on future fertility for trans people.

Of the trans people who responded, a third of non-binary people had been diagnosed with or sought treatment for a reproductive health condition. This was considerably lower than for trans men and trans women.

A majority of trans people felt that their sexual orientation or gender identity affected their experiences. This included a majority of trans men and non-binary people. Although trans women were less likely to say that their sexual orientation or gender identity affected their experience of having a reproductive health condition, no trans woman answered that these had not had an impact — answering either yes or unsure.

PCOS is obviously largely a condition which affects women, so all the talk around it is about women.

Medical staff are almost invariably terrible at being sensitive to the needs of trans people, in my experience. I am routinely misgendered, and when having to be examined for reproductive health matters, my distress from the resulting gender dysphoria of having my 'incorrect' genitalia scrutinised, is minimised and dismissed.

Endometriosis is already an under-researched and stigmatised condition, let alone if you're not a woman. Makes it feel like a gendered condition, which causes dysphoria.

Over half of trans people felt that not only did their sexual orientation or gender identity affect their experience of having a reproductive health condition, but it also affected their experience of accessing treatment for these conditions.

I have been outright refused to be seen in a well-known group for pain management, just because I'm a man. The group is for women only, despite me having the same condition and internal organs. This was very distressing to hear, and I have since only been offered to see the clinician on a 1:1 basis. I have been...prescribed testosterone because of my endometriosis. This is not routinely prescribed to those with endometriosis. When I first had to visit the gynaecologist, I couldn't enter the waiting room and just cried outside because it said "women's health" and it felt like to walk in was to be invalidating my own gender — which I had worked so hard to figure out.

I can't even show up and check in for my appointment without touching a screen asking if I'm male or female. There are no other options.

Accessing women's health services as a trans woman. I would like to be treated by trans specialists in a trans women service not a general service that is unable to meet my needs.

As highlighted elsewhere, trans people challenge norms of reproduction, which can negatively impact their experiences of both reproduction itself (e.g. pregnancy, having a reproductive health condition) and accessing reproductive health services. Such services need to be person-centred and able to deliver for all patients who need them.

Cancer screenings

Over a third of trans people had had a cancer screening of some kind. Over half felt that their sexual orientation or gender identity status had affected their experience of health cancer screenings. This was particularly true for trans men and non-binary people, with the majority of comments focusing on cervical cancer screening.

I have had one cervical screening since coming out as trans, and while previous ones did make me dysphoric, I did not have that word with which to understand my distress. However, it has not helped to be able to explain to the people doing the test. They brushed off my explanation about the dysphoria as “nobody likes smear tests”, completely ignoring the unique difficulty that the situation posed for me as a trans man. It was a horrible experience that put me off ever attending further screenings.

As a trans man I would be extremely uncomfortable attending a cervical screening as this would only push my dysphoria too high. It is a topic of worry as my family has a history of cancer. As a trans masculine person, I am completely unable to access a cervical test. I cannot tolerate any kind of penetration, and have had panic attacks about this even in positive, non-medical settings. I do believe there is good work being done to de-gender these screenings, but for some of us, their very nature makes them inaccessible, and would like there to be exploration of other ways of testing.

I haven't felt able to [attend screenings], due to dysphoria and childhood trauma. The postal invitations (hyper-gendered language and aesthetics) make me dramatically less likely to try.

The findings indicate significant barriers for trans men accessing cervical cancer screenings. This mirrors NHS Scotland's own research, which shows lower participation the trans community. Considerable work is needed by NHS Scotland to optimise uptake, reduce barriers and ensure all trans people who require a cervical screening are able to access this service without judgment.

Additional work is also needed to ensure all reproductive health cancer screenings are trauma informed and underpinned by informed consent. As highlighted by several respondents, there are additional barriers to accessing cervical screenings for sexual violence survivors. This is also mirrored in existing research, which shows survivors may be at an increased risk of cervical cancer but avoid cervical screenings to prevent the risk of re-traumatisation.¹³

¹³ Cadman, L., Waller, J., Ashdown-Barr, L., Szarewski, A., 2012. "Barriers to cervical screening in women who have experienced sexual abuse: an exploratory study". *British Medical Journal Sexual and Reproductive Health*. V. 38. I. 4.

Recommendations for these service providers

It is obvious from the data gathered in forming this report that there are considerable important takeaways about reproductive health and fertility services and the experiences of trans people. There are clear recommendations as to how these things could be improved:

- Healthcare providers across reproductive health and fertility services, (contraceptive services, pregnancy services, breast/chest-feeding services, abortion services, fertility services, and cervical cancer screenings) should have trans awareness training to ensure that they can meet the specific needs of trans people, and provide them with welcoming, inclusive care.
- Healthcare providers across reproductive health and fertility services should not make assumptions about people's gender identities or sexual orientations, or about their healthcare needs.
- The specific needs of trans people should be recognized in the provision of contraceptive services, including information that taking testosterone will not necessarily prevent pregnancy, and about effective contraceptive options to prevent pregnancy that can be taken alongside testosterone.
- Information provided across reproductive health and fertility services should be inclusive of trans people, and the diversity of bodies, identities and needs.
- The law around fertility treatments, gamete storage, and surrogacy should be made clear for all. This should include specific information that is relevant to trans people.

- Medical professionals, particularly GIC staff, should discuss fertility options, including gamete storage, with trans patients prior to starting medical transition (hormones or surgery).
- More needs to be done to reduce barriers to trans people accessing cervical cancer screening, including by providing trans inclusive invitations and information, and by providing trauma informed services underpinned by informed consent.
- More research is needed on reproductive health conditions such as endometriosis and PCOS, and how they affect people of all genders.

Other formats

If you need this document in larger print or another format or language, please contact us on 0131 467 6039 or info@scottishtrans.org.

This document is available in PDF format on our website: www.scottishtrans.org



Scottish Trans Alliance is the Equality Network project to improve gender identity and gender reassignment equality, rights and inclusion in Scotland.

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